

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1942 77

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Ree  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Agnes Julian Deegan

3. (b) If veteran, name war

3. (c) Social Security No. ....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased. Jan. 24, 1872  
(Month) (Day) (Year)

8. AGE: Years 70 Months - Days 5 If less than one day hr. min.

9. Birthplace. Ree mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Francis Deegan  
13. Birthplace War Ind  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane War  
15. Birthplace War Ind  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. L. Campbell  
(b) Address Ree mo

17. (a) Burial (b) Date thereof Jan 30, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ree mo

18. (a) Signature of funeral director Ree mo

(b) Address Ree mo

19. (a) 1-30-42 (b) Ree mo  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Phelps  
(c) City or town Ree  
(If outside city or town limits, write "RURAL")  
(d) Street No. 601 State  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29  
year 1942 hour 5 minute 1 a  
21. I hereby certify that I attended the deceased from Jan 10, 1942, to Jan 29, 1942  
that I last saw him alive on Jan 28, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic myocarditis  
Duration 2 yrs.

Due to

Due to

Other conditions Shock (death of sister 7 hosp)  
(Include pregnancy within 3 months of death)

Major findings:

Of operations 93d  
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature E. E. Fand (M, D, or other)  
Address Ree mo Date signed 1-31-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.